

## **Registration to Single Sign-On and Subscription to File Transfer Application.**

### **Step 1: Registration to Single Sign-On (SSO)**

Skip this section if you've already registered for a SSO account.

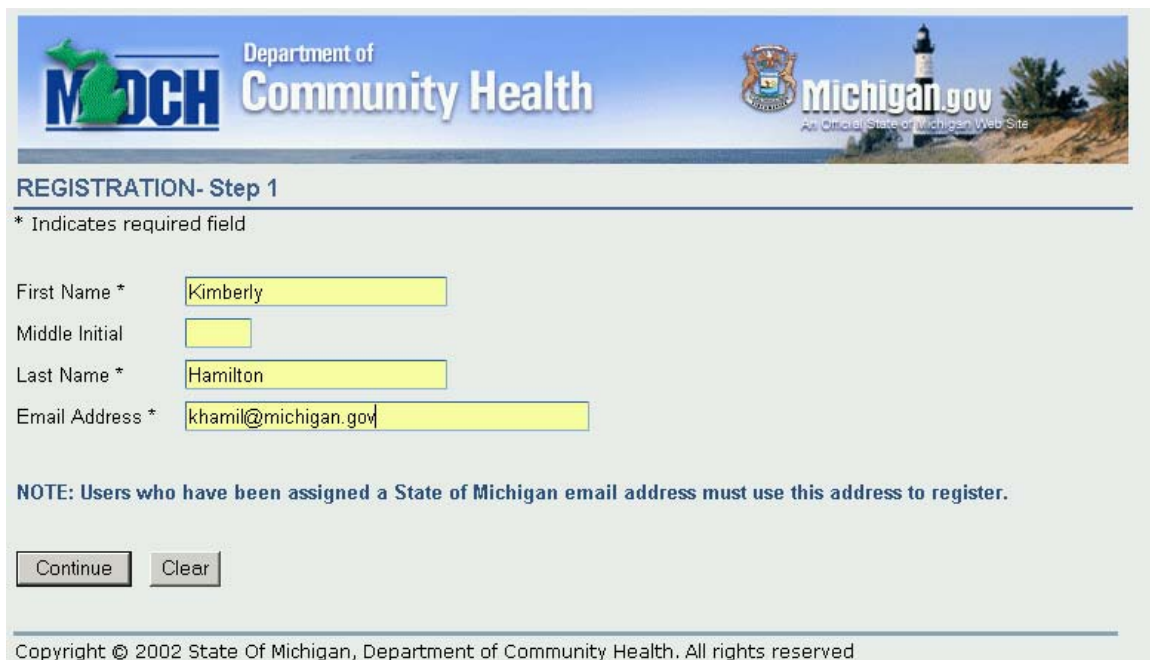
Open your web browser (Internet Explorer) and copy this url <https://sso.state.mi.us/> in the address.

Select the Register\* button from the State of Michigan Portal Page. Users must register for a SSO userID before they can subscribe to applications.



The screenshot shows the login page for the Michigan Department of Community Health. At the top, there is a banner with the MDCH logo, the text "Department of Community Health", and the Michigan.gov logo with a lighthouse image. Below the banner, there are two input fields: "User ID" and "Password". To the right of these fields are "Login" and "Register\*" buttons. Below the buttons, there is a note: "\* If you do not have a username, please click 'Register' to apply." and a link: [I forgot my Password](#).

Complete the requested information (some items are required \*) and click on the Continue button. The Single Sign-On (SSO) system determines if the user is a State of Michigan (SOM) employee or an external (Internet) user by the email address used for registration. SOM employees must use their @michigan.gov email address.



The screenshot shows the registration page for the Michigan Department of Community Health. At the top, there is a banner with the MDCH logo, the text "Department of Community Health", and the Michigan.gov logo with a lighthouse image. Below the banner, the title "REGISTRATION- Step 1" is displayed. A note says "\* Indicates required field". There are four input fields: "First Name \*" with the value "Kimberly", "Middle Initial" (empty), "Last Name \*" with the value "Hamilton", and "Email Address \*" with the value "khamil@michigan.gov". Below the fields, there is a note: "NOTE: Users who have been assigned a State of Michigan email address must use this address to register." At the bottom, there are "Continue" and "Clear" buttons. The footer text reads: "Copyright © 2002 State Of Michigan, Department of Community Health. All rights reserved".

The screenshot shows the 'USER REGISTRATION CONFIRMATION' page. At the top, there is a header with the MDCH logo, the text 'Department of Community Health', and the 'Michigan.gov' logo with the tagline 'As Official State of Michigan Web Site'. Below the header, the page title 'USER REGISTRATION CONFIRMATION' is displayed. The main content area contains the instruction 'Please review the following information. Click Submit'. A list of registration details is shown: First Name: Kimberly, Initial: (blank), Last Name: Hamilton, Email Address: khamil@michigan.gov, and Your User Id will be: khamil. At the bottom of this section are 'Back' and 'Submit' buttons. A footer at the very bottom states 'Copyright © 2002 State Of Michigan, Department of Community Health. All rights reserved'.

**USER REGISTRATION CONFIRMATION**

Please review the following information. Click Submit

**First Name** : Kimberly  
**Initial** :  
**Last Name** : Hamilton  
**Email Address** : khamil@michigan.gov  
**Your User Id will be** : khamil

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State of Michigan employees will receive their conformation screen, click on Submit and you've completed the registration process.

**Non State of Michigan employees** must create a unique userID.

The screenshot shows the 'REGISTRATION- Step 1' page. It features the same header as the previous screen. Below the header, the page title 'REGISTRATION- Step 1' is displayed. A note states '\* Indicates required field'. The registration form includes fields for First Name \* (containing 'Test'), Middle Initial (empty), Last Name \* (containing 'File'), and Email Address \* (containing 'snravipati@gmail.com'). Below the form is a 'NOTE: Users who have been assigned a State of Michigan email address must use this address to register.' At the bottom of the form section are 'Continue' and 'Clear' buttons. A footer at the very bottom states 'Copyright © 2002 State Of Michigan, Department of Community Health. All rights reserved'.

**REGISTRATION- Step 1**

\* Indicates required field

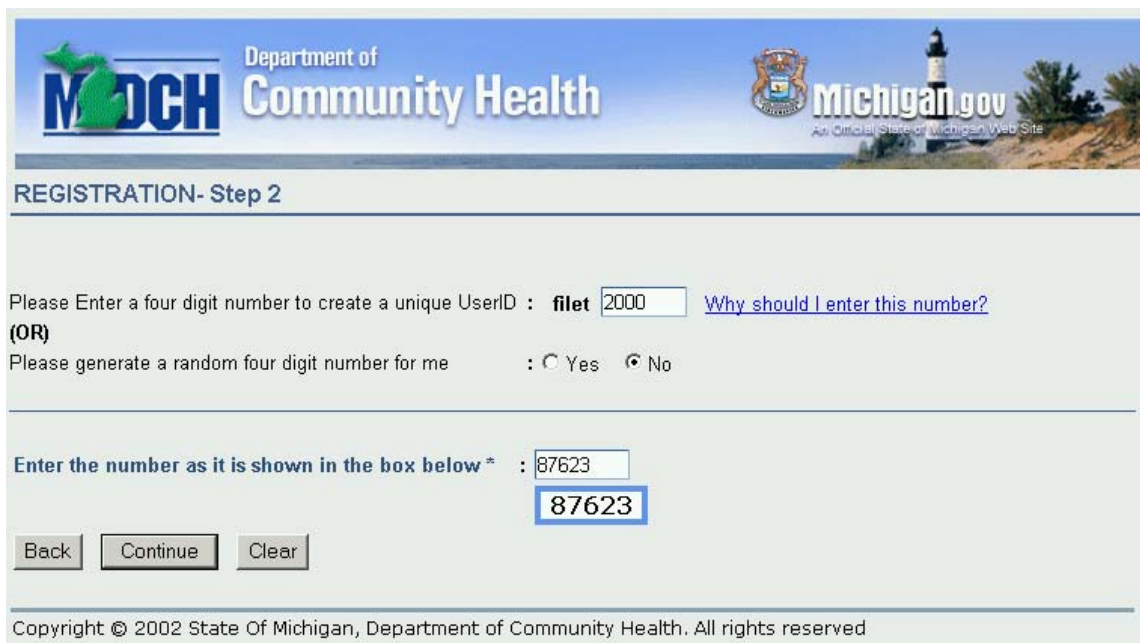
First Name \*   
Middle Initial   
Last Name \*   
Email Address \*

**NOTE: Users who have been assigned a State of Michigan email address must use this address to register.**

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Once the required fields are completed please click on the Continue Button.

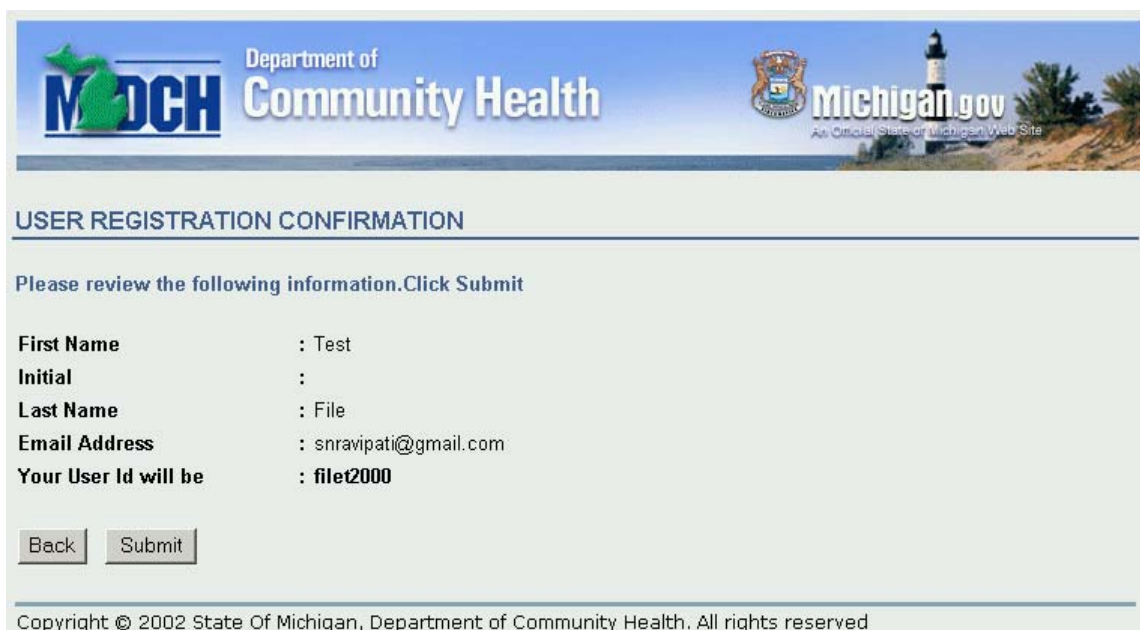
**Note:** State of Michigan employees will not see this screen.



The screenshot shows the 'REGISTRATION- Step 2' page. At the top is a banner with the MDCH logo, 'Department of Community Health', and the Michigan.gov logo. The main content area has a light blue background. It prompts the user to 'Please Enter a four digit number to create a unique UserID : file# 2000' with a link 'Why should I enter this number?'. Below this, it asks 'Please generate a random four digit number for me' with radio buttons for 'Yes' and 'No'. A section titled 'Enter the number as it is shown in the box below \*' shows a white input box with '87623' and a blue-outlined box with '87623'. At the bottom are 'Back', 'Continue', and 'Clear' buttons. A footer contains the copyright notice: 'Copyright © 2002 State Of Michigan, Department of Community Health. All rights reserved'.

They can add a four-digit number to their userID or the system can create one for them. The number presented in the blue outlined box on the bottom of the form is to protect our system from being flooded with userID requests.

Users must type this number in the white box directly above. Users can click on the Continue button. The user is then presented with a confirmation page. The data entered by the new user is displayed for review before the data is submitted to the SSO system. If corrections are needed the user can select the Back button. If the information is correct, the user selects the Submit Button.



The screenshot shows the 'USER REGISTRATION CONFIRMATION' page. It has the same banner as the previous screen. The main content area has a light blue background. It says 'Please review the following information. Click Submit'. Below this is a list of user details: 'First Name : Test', 'Initial :', 'Last Name : File', 'Email Address : snravipati@gmail.com', and 'Your User Id will be : file#2000'. At the bottom are 'Back' and 'Submit' buttons. A footer contains the copyright notice: 'Copyright © 2002 State Of Michigan, Department of Community Health. All rights reserved'.

This completes the registration. The user will receive a Email with the Userid and a temporary password.



**New Account Information from IBM Tivoli Identity Manager** [Inbox](#)

☆ [SSO\\_TESTAdministrator@michigan.gov](mailto:SSO_TESTAdministrator@michigan.gov) [More options](#) 9:13am (2 minutes ago)

ITIM notification

The following new ITAM Service [TAMProfile] account has been created for you:

<b>Owner Name:</b>	Test File
<b>Account ID:</b>	filet2000
<b>Password:</b>	RiLxb
<b>Time of service provision:</b>	Mar 10, 2005 09:13:10 EST

[Click here to goto SSO Login Page](#)

[Click here to goto SSO Login Page](#)

Once the email is received login to SSO

The temporary password will expire and user will be prompted to change the password.

The screenshot shows the same website banner as before. Below the banner, a message states: "User filet2000's password has expired". Below this message is a form with three input fields: "Input old password" (containing "\*\*\*\*\*"), "Input new password" (containing "\*\*\*\*\*"), and "Confirm new password" (containing "\*\*\*\*\*"). Below the form is a note: "NOTE: Passwords must be at least five(5) characters in length. Passwords are case sensitive." At the bottom of the form is a "Change Password" button.

Once the fields have been completed, Click on Change Password.

Users will be presented with the Challenge/Response Answers screen. Please answer the four questions (and confirm these answers). This will allow users to reset their passwords (if you forget) in the future by answering these questions.



### Change Challenge/Response Answers

Change your answers and click OK. You must provide an answer to each challenge.

**What is your mothers maiden name?**

Answer:

Confirm Answer:

**What are the last four (4) digits of your social security number?**

Answer:

Confirm Answer:

**What is the name of the city in which you were born?**

Answer:

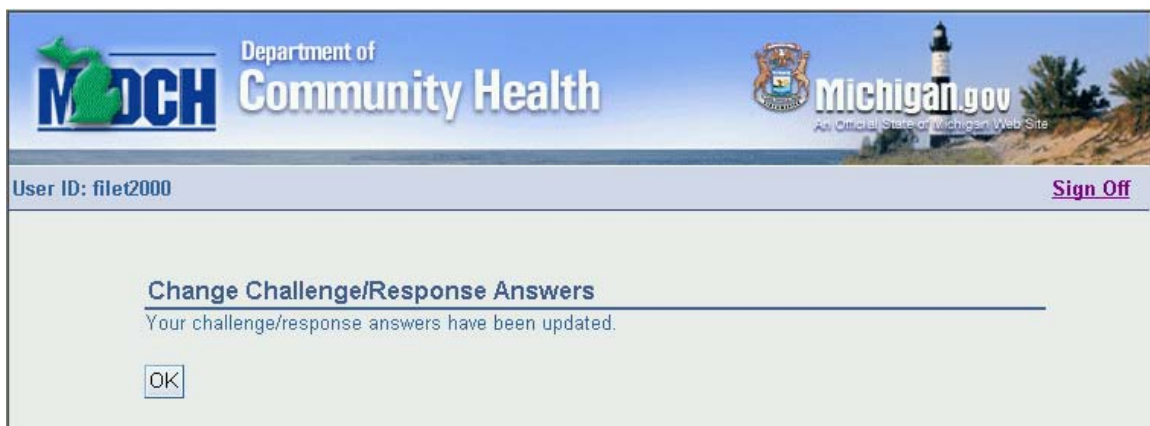
Confirm Answer:

**What is your fathers middle name?**

Answer:

Confirm Answer:

Once the fields have been completed, Click Ok



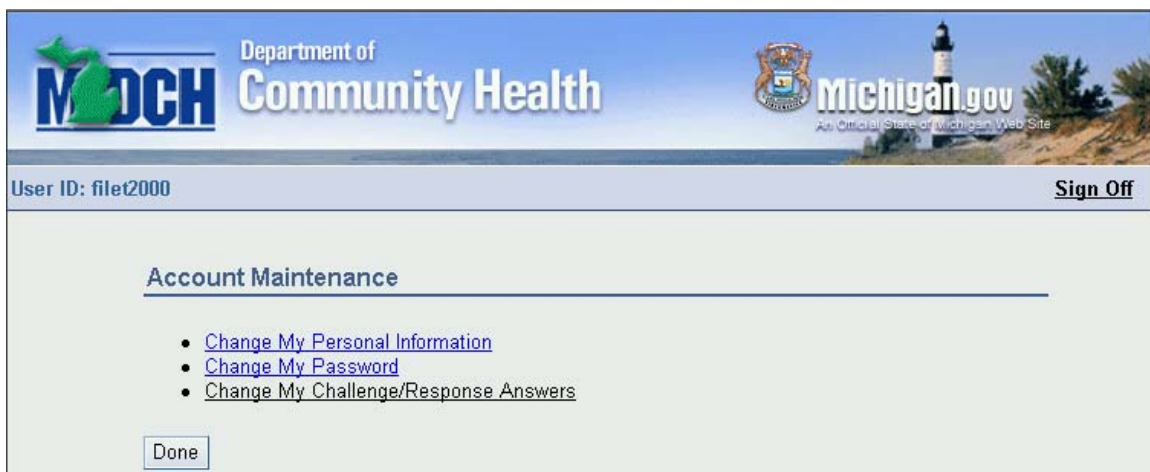
MDCH Department of Community Health Michigan.gov

User ID: filet2000 [Sign Off](#)

**Change Challenge/Response Answers**

Your challenge/response answers have been updated.

Click OK



MDCH Department of Community Health Michigan.gov


User ID: filet2000 [Sign Off](#)

**Account Maintenance**


- [Change My Personal Information](#)
- [Change My Password](#)
- [Change My Challenge/Response Answers](#)

Click Done

You will be returned to the SOM-DCH Application Portal Page



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**Community Health**



**Michigan.gov**  
An Official State of Michigan Web Site

## SOM-DCH Application Portal

WELCOME **Test File,**

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You are NOT currently subscribed for any applications. If you wish to subscribe for application access please click on the [Subscribe to Applications](#) link below.

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[Subscribe to Applications](#)  
[Account Maintenance](#)      [Sign Off](#)

The File Transfer application is not available at this time.

### **Step 2: Subscription to Single Sign-On (SSO)**

Click on Subscribe to Applications Link



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### SUBSCRIPTION

Please Select from the list

BPCT Application  
DCH Birth Registry for FIA Workers  
DCH CON E-Serve  
**DCH File Transfer**  
DCH MaTransportation  
DCH Post Payment Recovery System  
DCH Prior Authorization Application  
DCH Procedure Reference Application  
DCH Provider Enrollment  
DCH Vital Records Application

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Select DCH- File Transfer and click continue



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Subscription For: FILETRAN

\* Indicates required field

Work Phone\*

517-241-0794

(Include area code eg: 517-123-3456)

Your E-mail\*

snravipati@gmail.com


ContinueResetBack

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Enter Phone and click Continue



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User Enrollment Confirmation For: FILETRAN

Please review the following information. Click Submit or Back.

User Info

Username

: filet2000

Email Address

: snravipati@gmail.com

Full Name

: Test File

Phone Number

: 517-241-0794

SubmitBack

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Click Submit



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Your subscription request has been submitted successfully. You will be notified upon approval.

Close

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Next time login to SSO , the DCH- File Transfer Application will be available

# SOM-DCH Application Portal

WELCOME **Test File,**

You are currently subscribed to the following applications:

- 
- [DCH File Transfer](#)

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[Subscribe to Applications](#)   [Add new Roles to Existing Subscription](#)  
[Account Maintenance](#)   [Sign Off](#)

This Completes Subscription to application thru Single Sign On.